

HCBS Settings Rule: Non-Residential Setting-Specific Transition to Compliance Plan

| Section A. Setting Information | | | | | | |
|---|---|---|---|---|---|---|
| Setting Name: | | | | | | |
| Setting Address: | | | | | | |
| Section B. Agency Information | | | | | | |
| Provider Agency Name: | | | | | | |
| Primary Agency Contact: | | | | | | |
| Phone Number for Primary Contact: | | | | | | |
| Email Address for Primary Contact: | | | | | | |
| Provider Agency Mailing Address: | | | | | | |
| Section C. Addressing Areas of Partial or Non-Compliance with HCBS Settings Rule Standards | | | | | | |
| Validation Assessment Question Number and Question | Validation Assessment Answer Indicating Partial or Non-Compliance with HCBS Settings Rule | Remediation Options | Remediation Step(s) to be taken by Provider | Target Date for Completion of Each Remediation Step: <small>Note: For questions 1a, 2a, 3a, 3b, 3c, target date cannot be later than July 1, 2020. For all other questions, target date cannot be later than September 30, 2021.</small> | Regional Office Comments on Proposed Plan | Regional Office Verification of Implementation of Remediation Step(s) and Date Verified |
| 1a. Is the setting under the same roof as a building that houses a publicly or privately-operated setting which provides inpatient institutional care: skilled nursing setting (SNF), immediate care setting for individuals with intellectual disabilities (ICF/IID), institute for mental disease (IMD), or hospital? | YES | 1. Relocate setting to a location that is not under the same roof as a building that is publicly or privately-operated and provides inpatient institutional care. <i>Optional</i> 2. Develop integrated community-based locations that can be utilized for service provision such as libraries, community centers, and volunteer sites. 3. Identify each individuals' interests and preferences to generate community-based opportunities to locate and offer to people. 4. Utilize individuals' significant others to find out relationships and community involvement that is already established in the community and that can be supported through the service. <i>Action Steps 2, 3 and 4 listed above (or equivalent action steps) are required for Transition to Compliance Plan to be approved if 1a included in Plan. [Presumed Institutional Issue]</i> | | | | |

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| 2a. Is the setting in a building located on the grounds of, or immediately adjacent to, a building that is a public institution which provides inpatient institutional care 1 (Skilled Nursing Setting (SNF), Intermediate Care Setting for Individuals with Intellectual Disabilities (ICF/IID), Institute for Mental Disease (IMD), or hospital)? | YES | <p>1. Relocate setting to a location that is not located on the grounds of, or immediately adjacent to, a building that is a public institution which provides inpatient institutional care.</p> <p>Optional</p> <p>2. Develop integrated community-based locations that can be utilized for service provision such as libraries, community centers, and volunteer sites.</p> <p>3. Identify each individuals' interests and preferences to generate community-based opportunities to locate and offer to people.</p> <p>4. Utilize individuals' significant others to find out relationships and community involvement that is already established in the community and that can be supported through the service.</p> <p>Action Steps 2, 3 and 4 listed above (or equivalent action steps) are required for Transition to Compliance Plan to be approved if 2a included in Plan. [Presumed Institutional Issue]</p> | | | | |

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| 3a. Due to model used for service provision, do individuals have limited opportunities for interaction in and with the broader community, including interactions with individuals not receiving Medicaid HCBS? | YES | <p>1. Implement new policy and practices that allow individuals served to have the opportunity to regularly access the broader community and interact with other members of the broader community who don't receive HCBS and aren't paid staff. This or equivalent action step is required for Transition to Compliance Plan to be approved if 3a included in Plan. [Presumed Institutional Issue]</p> <p>2. Implement staff training addressing: (1) the value of community involvement and interactions with members of the broader community who don't receive HCBS and are not paid staff; (2) how to foster additional connections with community members and opportunities for community participation.</p> <p>Optional</p> <p>3. Communicate opportunities available for each individual to his/her case manager to ensure that they are documented in the individual's person-centered plan (Note: specific documentation of the opportunities in the PCP is not required for the provider to offer these opportunities.)</p> <p>Optional</p> | | | | |

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| 3b. Does the setting restrict and/or limit individuals' choice to receive services outside of the setting or to engage in activities outside of the setting? | YES | <p>1. Implement new policy and practices that ensure individuals served: (a) have choice to receive services outside of the setting and to engage in activities outside of the setting; and (b) are regularly and routinely informed of the opportunities they have to receive services outside of the setting and to engage in activities outside of the setting, in the broader community. <i>This or equivalent action step is required for Transition to Compliance Plan to be approved if 3b included in Plan. [Presumed Institutional Issue]</i></p> <p>2. Base community integration opportunities on the interests and preferences of the individual.</p> <p>3. Develop transportation options and travel training options to support individuals to access the broader community.</p> | | | | |
| 3c. Is the setting physically located separate and apart from the broader community. | YES | <p>1. Relocate to another location more closely connected to the community such as a strip mall, social services building, shopping mall, potential donated space or partner with other businesses where people from the broader community are working or regularly coming and going. <i>Optional</i></p> <p>2. Develop a transportation policy and plan to ensure individuals served can regularly and routinely access the resources in the broader community, despite the location of the setting.</p> <p>3. Use other settings, not physically located separate and apart from the broader community, for a portion of time the service is being provided. <i>2 and/or 3 listed above (or equivalent action step) are required for Transition to Compliance Plan to be approved if 3c included in Plan. [Presumed Institutional Issue]</i></p> | | | | |

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| 4a. Are there gates, locked doors, or other barriers that would prevent a person's ability to independently leave and re-enter the setting? | YES (for all waiver participants) | 1. Adopt a new policy and procedures to enable each individual served to leave and re-enter the setting independently, unless there is a modification properly documented in an individual's PCP. 2. Establish a sign in and out system for people receiving services, to ensure freedom to exit/re-enter while also ensuring notification to staff is made. 3. Address underlying reason(s) why individuals are not able to independently exit and re-enter the setting (e.g. implement safety skills training or mobility training to support independent and safe access to the broader community; implement system for individuals to request staff support when they wish to exit the setting). | | | | |
| 5a. Is the setting within walking distance to allow people access to places open to the public in the broader community? | NO (no alternative plan in place) | 1. Develop a transportation plan to allow individuals served access to places and people in the broader community during service provision time. 2. Create a policy and practices to allow staff to transport individuals in their personal vehicles, addressing minimum insurance requirements, mileage reimbursement rates, verification of valid driver's license, etc. 3. Establish mobility training for use of public transportation if applicable. 4. Develop and provide to individuals a list of options available for transportation that can be accessed with help from the provider (Uber/Lyft, cab, hired driver, bus, bicycle, etc.) | | | | |
| 5b. At or near the setting, are there sidewalks and/or pedestrian pathways that are physically accessible to allow people unimpeded access to walk to places open to the public in the broader community? | NO (no alternative plan in place) | 1. Relocate using resources in the community. 2. Develop a transportation plan to allow individuals served access to places and people in the broader community during service provision time. 3. Teach safety skills for walking and crossing roads. | | | | |

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| 5c. Is the setting close to places open to the public that have other people from the broader community coming and going? | NO (no alternative plan in place) | 1. Relocate using resources in the community. 2. Develop a transportation plan to allow individuals served access to places and people in the broader community during service provision time. 3. Create opportunities for community members to come and go from the setting for retail purposes, classes, industrial cooking, space for entrepreneurs from the community, operating a public center that addresses other needs of the community, etc. | | | | |
| 5d. Is the setting near (within 1 mile) of at least four (4) of the following: parks, recreational activities, schools and colleges or universities, and public facilities, such as library, community center, job center, restaurants, stores, etc.? | NO (no alternative plan in place) | 1. Provide transportation to these locations when individuals wish to access one or more of these locations. 2. Create an alternative plan that connects people to these locations. Consider how other members of the broader community are able to access these locations. 3. Relocate setting to be nearer these locations for easier access to the broader community. | | | | |

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| 6a. Are there people who do not receive HCBS in the setting and who are also not paid staff or volunteers? | NO (at time of validation visit) | <p>1. Develop and implement a plan for everyone receiving services to increase their time in fully integrated work, recreational, educational and volunteer settings with people from the community do not receive HCBS.</p> <p>2. Develop a position(s) within your organization called “Community Connector” or “Bridge Builder” whose role is to facilitate connections with community members and people with disabilities. The Connector will find events, activities, groups and individuals in the community that share interests and passions that match the person supported. Introductions into groups, hobbies, or volunteer opportunities create fuller lives and more inclusive communities.</p> <p>3. Seek opportunities for individuals served to connect with people in the broader community such as membership-based groups, churches/religious groups, classes, health/fitness clubs, volunteer opportunities (5k runs, fairs, community events, voting, etc.), other clubs, political campaigns, community theater, choirs/music groups, pools, community picnics, Habitat for Humanity, etc. Focus on what other people typically do in your communities and how individuals can be supported to join in.</p> | | | | |
| 6b. Does the setting encourage people from the broader community (aside from paid staff and volunteers) to be present and involved, and is there evidence that people from the broader community are present at regular frequencies? | NO (not at least weekly) | <p>1. Document frequency of the broader community being present and involved at the setting</p> <p>2. Provide opportunities for people from the broader community to come into the setting and participate alongside of HCBS recipients in activities, appropriate to the setting, that all will want to participate in.</p> | | | | |

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| 6c. Do people receiving HCBS have opportunities to participate in individualized or small group (less than 4 HCBS participants together) activities in the setting that involve people without disabilities who are not receiving HCBS and who are also not paid staff or volunteers? | YES | 1. Introduce a new policy and practices that ensure individuals have small-group opportunities for activities in the setting that involve other members of the community as suggested in 6b above. 2. Introduce a new policy and practices that ensure individuals have small-group opportunities for activities in the broader community that involve other members of the community as suggested in 6b above. | | | | |
| 7a. Does the setting provide opportunities for people to choose and participate in non-work activities in integrated community settings? | NO | 1. Introduce a new policy and practices that ensure individuals have support and are regularly and routinely offered opportunities for participation in non-work activities in integrated community settings that people choose. 2. Develop transportation options to support people's ability to regularly and routinely access the community, with staff support as needed. 3. In implementing 1 and 2 listed above, develop interest inventories to determine non-work activities that individuals would like to participate. | | | | |
| 7b. Does the setting provide opportunities and support for people receiving HCBS to participate in meaningful non-work activities, in integrated community settings, where they can interact with people not receiving HCBS (who are not paid staff or volunteers)? | NO | 1. Develop partnerships with local businesses to tour and learn about possible jobs. 2. Create seasonal activities in the community like a community garden, raking assistance, snow removal. 3. Plan menus/parties and shop for ingredients. 4. Engage local firefighter, police to participate in a joint education and get-to-know-each other activity. 5. Partner with the local YMCA or hotels with pools to access exercise classes and swimming. 6. Connect with the local recreational department for opportunities to participate in sports and other planned activities. | | | | |

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| 7c. Does the setting allow and support people receiving HCBS to have the same degree of access to the broader community as people not receiving HCBS have? | YES | 1. Develop transportation policy and practices for people to have regular and routine opportunities access to the broader community. 2. Help each person budget their own resources, if applicable, to pay for transportation options for access. 3. Provide mobility training to enable people to develop the needed skills for greater access to the community. 4. Create new policy and practices to allow staff to transport individuals in their personal vehicles addressing minimum insurance requirements, mileage reimbursement rates, verification of valid driver's license, etc. | | | | |
| 7d. If people work for part of the day, does the setting offer meaningful and age-appropriate non-work activities to complete a full day of service, if a person needs a full day of service? | YES | 1. Develop curriculum/training program for people to learn daily living skills that are age appropriate (personal care, cooking, housekeeping, laundry, etc.). 2. Develop classes and training programs to teach soft skills, general skills for employment, creative arts, mindfulness, healthy lifestyles including exercises groups, etc. Look to connect people to community for learning opportunities before developing them within the agency (i.e. offer community-based activities as the first choice for all non-work activities). 3. Offer computer training to develop needed skills for career advancement. Start by identifying opportunities for this type of training in the community (e.g. libraries, local technical colleges, community centers, etc.) | | | | |

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| 7e. Does the setting encourage and support meaningful interactions, outside of the setting, with members of the broader community not receiving HCBS (who are also not paid staff or volunteers)? | NO (not at least weekly) | 1. Find and offer daily opportunities for people to interact with the broader community. Offer computer skills training at the library or technical college outside of the setting. 2. Develop a policy and plan for supporting individuals to shop for their own needs such as food, clothing, health and beauty so that individuals are supported to shop rather than the provider staff shopping for them. 3. Explore the community for services and activities that are typical for other local community members with similar interests and needs/goals to participate in. Connect individuals served to these services and activities. | | | | |
| 8a. Is there public transportation between (to/from) the setting and the broader community? | NO (and setting does not provide transportation or facilitate a person's access to other non-public transportation options that are available) | 1. Develop transportation policy and practices for people to have regular and routine opportunities access to the broader community. 2. Inform individuals of non-public transportation options such as taxi, Uber/Lyft, hired drivers, etc. and assist individuals to use the non-public options; provide mobility training on these options as needed. 3. Discuss with parents, guardians and Case Managers to expand list of options available. | | | | |

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| 8b. Is there accessible public transportation between (to/from) the setting and the broader community, for those who need it? | NO (and setting does not provide accessible transportation or facilitate a person's access to other non-public accessible transportation options that are available) | 1. Develop transportation policy and practices for people who need accessible transportation to have regular and routine opportunities access to the broader community. 2. Determine availability of non-public accessible transportation, inform individuals of non-public accessible transportation options and assist the person to use, including providing mobility training, if needed. 3. Maintain a vehicle owned or leased by the setting that is accessible and ensure staff are trained on proper use of this vehicle (seatbelt use, proper etiquette, getting on/off safely, use of lifts, etc.) 4. Use community settings that offer accessible transportation to patrons. | | | | |
| 8c. Does the setting provide transportation for people receiving HCBS to the broader community when requested? | NO | 1. Determine in policy what is considered a reasonable request for transportation and share with people receiving HCBS; ensure policy and practice enables people to request and receive transportation when they wish to access the broader community. 2. Inform individuals of other options available to connect individuals to the broader community such as volunteers, hired drivers, taxi and Uber/Lyft. 3. Provide mobility training for use of public and non-public transportation options other than the provider agency. | | | | |

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| 8d. Does the setting provide information (in an accessible format and convenient location for HCBS participants) regarding types of transportation available to people receiving HCBS in the setting? | NO | 1. Determine accessible format(s) that are necessary to convey information and produce/distribute information to individuals in this format(s). 2. Store information in accessible format(s) in a convenient location for HCBS participants to access it. 3. Compile a complete list of available transportation options including bicycles and walking if applicable. 4. Provide visual information such as maps of areas covered by sources of transportation that are available, including the provider agency. | | | | |
| 9a. Does the setting provide opportunities and support for people receiving HCBS to explore, pursue, and work in integrated community settings for pay that is at least minimum wage? | (Explore) NO (Pursue) NO (Work) NO Provider operating setting has contract with ADRS to provide SE: NO Provider operating setting is approved provider of SE through Waiver: NO | 1. Establish policy and practices that ensures staff are engaging individuals in discussion around opportunities to work in integrated community settings for pay that is at least minimum wage. 2. Consider becoming a provider of SE services including career exploration and Discovery 3. Discuss options for SE at regular intervals with the person and his/her family/guardian. 4. Develop business partnerships to set up job shadows, work experiences and job placements that can be done during community-based service provision 5. Participate in local business groups to connect with that community and share positive outcomes when hiring people with disabilities. | | | | |

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| 9b. Does the setting support the people they serve participating in integrated community employment (individual jobs in the community paid at least minimum wage)? | NO (flexible scheduling) NO (flexible transportation) | 1. Provide flexible job coaching as needed. 2. Offer appropriate training for staff (core competencies) 3. Knowledgeable regarding task analysis. 4. Continual training and improvement to develop staff skills, educational opportunities and expectation to learn best practices in providing SE. 5. Train staff on seeking the best transportation options to get to and from their job and how to provide mobility training. | | | | |
| 9c. Does the setting provide regular opportunities and support for people, not already working in competitive integrated employment, to participate in meaningful and effective activities that prepare people for integrated community employment (individual jobs in the community paid at least minimum wage)? | NO | 1. Develop volunteer opportunities to teach soft skills and job readiness. 2. Use Interest inventories/career exploration to determine the person's interests. Explore types of jobs within interest areas. 3. Offer Job shadows. 4. Offer Informational interviews. 5. Determine barriers to employment and bring people together to problem solve through those barriers. 6. Offer mobility training. 7. Provide Interview practice. 8. Develop business partnerships for tours to explore possible careers. Use these opportunities to ask questions about skills, education/training needed, typical work hours, pay, etc. | | | | |

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| 9d. Does the setting perform meaningful and regular person centered assessments to identify how the person's preferences and goals could be advanced or achieved through participation in integrated community employment (individual jobs in the community paid at least minimum wage)? | NO (not at all or less than every six months) | 1. Collaborate with Case Managers, parents, guardians and family at a minimum of every six months to determine what steps are needed in seeking community employment. Identify barriers and establish goals to advance toward competitive integrated employment. 2. Identify and respect the individual's preferences to produce the best job matches 3. Identify and acknowledge the individual's challenges and abilities to explore employment work options. | | | | |
| 9e. Is the setting aware of whether each person they serve has an integrated employment goal in their person-centered plan? | NO | 1. Work with the Long-Term Care Medicaid funded organizations and service providers to be informed of identified goals. 2. Determine what the goals are in the plan and identify additional goals that will lead to integrated employment. 3. Encourage individuals to consider community employment by looking at small steps that can lead to community employment and allow the person and their support system to gain confidence that integrated employment can be a successful and positive outcome. | | | | |

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| 9f. Does the setting have a plan to establish and measure progress toward integrated employment for the people receiving HCBS that they serve in the setting? | NO | <p>1. Establish a person-centered plan that provides clear goals and steps toward a job in their community.</p> <p>2. Include the person and their support system in the planning process for buy-in and give a voice to any concerns. Then together develop goals and next steps that bring the person closer to integrated employment. These smaller steps can include volunteerism, connecting to the community through other activities, finding the person's passions, visiting businesses, learning more about the business community, looking at work environments that best match the person's interests, personality, skills, and networking with people you already know. These can all lead to learning about a job opening. Sometimes the goal is to start with a few hours working and build the person's confidence to expand to longer hours and more often throughout the week.</p> <p>3. When a person receiving HCBS states they do not want to work in the community, then without an employment goal, they cannot attend a pre-vocational service. But it is important to revisit this choice consistently to determine what the perceived and real barriers to employment are and offer opportunities for other people</p> | | | | |
| 9g. When a person is working in integrated community employment, does the setting monitor whether the person has the amount of integrated community employment the person desires, and if not, does the setting take appropriate steps to address this? | NO | <p>1. Develop a tool to document the person's interest for number of hours and monthly income. Include the person on the job development list if interested in additional work. Track income for Social Security purposes.</p> <p>2. Meet with the individual and ask if they are working the number of hours and in the job of their choice.</p> <p>3. Inform the individual that if interested the setting can assist with job advancement, job change, different hours, etc..</p> <p>4. Include Vocational Rehabilitation involvement whenever new jobs are being discussed. Start the process early.</p> | | | | |

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| 9h. Does the setting provide opportunities and support for people receiving HCBS to volunteer with people without disabilities (who are not paid staff or volunteers) in the broader community to benefit charitable, non-profit organizations that are not HCBS providers? | NO | <ol style="list-style-type: none"> 1. Seek opportunities within the community to volunteer, matching with the same experiences as those who do not receive HCBS. 2. Align volunteer opportunities with the person's interests and preferences. 3. Develop a variety of options for individuals to choose similar to others in their community. 4. Allow for more than one volunteer opportunity. 5. Take advantage of opportunities to volunteer when the activity is of interest to the individual such as 5k Runs, Polar Plunge, community fairs, senior centers, childcare facilities, animal shelters, religious organizations, sitting on Board of Directors for non-profit agencies, and many other civic organization events. 6. Whenever possible, match up the person with another volunteer not paid to be with that individual to develop more community connections. | | | | |
| 10a. Does the setting ensure individual needs and preferences of people receiving HCBS are taken into consideration? | NO | <ol style="list-style-type: none"> 1. Develop a process to determine how and when the individuals would like to receive services. 2. Utilize assessment tools and career exploration tools. 3. Support the individual to learn how to speak up at meetings. Teach leadership skills and to lead their own planning meetings. It is important to support the person to be comfortable in speaking and sharing their own preferences. | | | | |
| 10b. Does the setting require all direct-support professionals to be trained on what it means to provide person-centered supports (in contrast to agency-centered or staff-centered supports)? | NO | <ol style="list-style-type: none"> 1. Provide Certification courses. 2. Provide ongoing training. 3. Provide specific training on person centered supports. 4. Utilize on-line person-centered training for staff to receive this training at flexible hours. | | | | |

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| 10c. Does the setting ensure staff is knowledgeable about the capabilities, interests, preferences, and needs of people receiving HCBS? | NO | 1. Provide suitable activities and tools that assist with this knowledge to be shared and reviewed with staff. 2. Develop staff skills to recognize barriers to employment and skills to problem solve with a “can do” attitude. 3. Use technology to learn more about the person’s interests, preferences and capabilities. 4. The person should utilize communication devices to share with others and staff will have knowledge of how to support their device for meaningful communication. 5. Obtain knowledge on how best to support people within specific target populations. | | | | |
| 10d. Do the setting’s practices, procedures, and policies ensure responsiveness to the needs of each person who receives HCBS, as defined in their plan? | NO | 1. Confirm management has the knowledge and capabilities to monitor staff performance. 2. Monitor if services are being delivered in a timely manner. 3. Conduct satisfaction surveys on an individual basis to produce better outcomes. 4. Connect with employers to determine effectiveness of Job Coach staff. 5. Once feedback is received, gather a group of interested parties (business, person receiving services, family, staff) who will review the information and develop a 6-month, 1 year, 3 year plan to respond to the surveys. | | | | |
| 11a. Is the setting able to adapt activities, routines and daily/weekly plans to the needs and preferences of people who receive HCBS? | NO | 1. Avoid rigid schedules. 2. Offer a variety of activities based on interests and preferences 3. Propose various times for activities 4. Respond to individual requests (flexibility) | | | | |

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| 11b. Does the setting provide people receiving HCBS with the opportunity to participate in negotiating his or her schedule for receiving service, as well as break and lunch times, to offer people receiving HCBS have the same flexibility that people not receiving HCBS typically have? | NO | 1. Include individual in planning the schedule that supports choices. 2. Teach the individual how to lead their own meetings and support their expression of needs and preferences. 3. Collect periodic feedback from the individual about their current services and suggestions for any changes. 4. Accommodate person's preferences for their daily schedule. | | | | |
| 11c. Does the setting afford people receiving HCBS the opportunity to regularly and periodically update or change their daily activities? | NO | 1. Allow for opportunities to make changes in their schedule based on current needs. 2. Collect regular feedback from the individual to determine if their present schedule is working for them. 3. Allow flexibility to direct staff in managing schedules so changes can be made quickly when needed. | | | | |
| 11d. Does the setting offer people receiving HCBS choices about participation in community opportunities at different times? | NO | 1. Inform the individual of what choices may be upcoming for community opportunities. 2. Allow the individual to decline activities at certain times. 3. Plan activities with consideration of individual needs. 4. Offer opportunities to connect to their community both during the day and in the evening by communicating with day settings and night/weekend services or family. | | | | |

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| 12a. Does the setting offer opportunities and support, consistent with each person's preferences and goals, to access activities or classes that promote new learning? | NO | 1. Offer new learning opportunities by keeping fresh the curriculum. Seek more opportunities in the community to support learning of soft skills, daily living skills such as cooking, housekeeping, laundry, safety skills, work skills, and educational/recreational experiences. 2. Fully utilize their community to promote new learning to match the person's preferences and goals. 3. Present new learning in a variety of formats to accommodate all styles of learning. 4. Survey individuals to determine potential new learning concepts. | | | | |
| 13a. Does the setting have rules about freedom of movement inside the setting that could be considered different from what would be typical for people not receiving HCBS? | NO | 1. Confer with their person-centered plan to make modifications needed to promote freedom of movement. 2. Ensure areas are clear of physical barriers and potential safety hazards. 3. Maintain appropriate work skills (soft skills) as in any work setting such as reliability, hygiene, attention to detail, staying at the work area until breaks/lunch, teamwork, meeting production goals, how you are communicating with coworkers, appropriate interactions with supervisors, etc. | | | | |

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| 14a. Is the setting accessible per the Americans with Disabilities Act? | NO | 1. Use the ADA National Network website: <ol style="list-style-type: none"> Glossary of ADA terms ADA acronyms & abbreviations ADA publications/fact sheets Frequently asked questions 2. Utilize ADA Online Learning tools 3. Research questions at ADA.gov. 4. Use the ADA operational guide for how ADA affects small nonprofits https://www.missionbox.com 1. Exam resources ADA helplines for legal assistance. 2. Use the Job Accommodation Network from the Office of Disability Employment Policy. | | | | |
| 15a. Is the movement of those who receive HCBS restricted by the physical environment differently than for people not receiving Medicaid-funded HCBS (e.g. staff)? | NO | 1. Remove restrictions caused by doors, gates, fences, cluttered areas, narrow hallways, limited lighting. 2. Current modifications must be justified and documented in person-centered plan. 3. Confer with individual to determine if additional barriers are present based on their personal needs. | | | | |
| 16a. Does the setting allow people receiving HCBS the freedom to move about outside to the same degree of access as people not receiving HCBS? | NO | 1. Remove locks from exits to buildings while individuals are in the setting. 2. Remove any barriers that may impede exiting the building. 3. For safety, have an in and out log book to track movement 4. In the person-centered plan, establish what is safe for the individual regarding access outside the setting. 5. Teach community safety skills. | | | | |
| 17a. Does the setting allow people to choose where they keep their monetary resources? | NO | 1. Educate individuals on local bank locations. 2. Learn about the different bank services. 3. Visit a bank and tour and talk to staff to learn more about the role of banks and what services they offer. 4. Involve family and/or guardian if necessary to discuss monetary access and include the person in discussions if there are established limitations. | | | | |

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| 17b. Does the setting have rules about possession of monetary resources for people receiving HCBS that are different than what would be typical for people of the same age not receiving Medicaid funded HCBS? | NO | <ol style="list-style-type: none"> 1. Provide locked drawers for individuals that need that option to store monetary resources. 2. Ensure the individual can access locked locations. 3. Encourage safety precautions regarding monetary resources. 4. Facilitate saving and checking accounts. | | | | |
| 18a. Does the setting provide vending machines, a cafeteria, restaurant, and/or shopping opportunities, etc., for people receiving HCBS to make decisions about how to spend their own money? | NO | <ol style="list-style-type: none"> 1. Create an educational program that involves interested individuals to develop a setting supported vending operation. 2. Develop a food training opportunity for those interested to supply meal options. 3. Plan rummage days that people can bring items in to sell, or trade. 4. Invite community partners to come to setting and explain their services or wares that are available and where they are located. 5. Teach how to create a budget to know how much of their income is expendable each day/week for these options. 6. Learn about cost of these options, cheaper alternatives and what fits in to their own personal monetary resources. | | | | |
| 19a. Does the setting offer a secure place for the person receiving HCBS to store personal belongings which is not used to store other people's belongings or the agency's belongings and only the person (and necessary staff, if applicable) has a key to this location? | NO ; NO | <ol style="list-style-type: none"> 1. Discuss location of the space and what needs to be secured prior to choosing a spot. 2. Determine a location that is accessible to the person at all times. 3. Determine if some items can be stored in a nearby location not readily available but accessible if needed. | | | | |

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| 20a. Does the setting provide any of the following: physical, occupational, and/or speech therapies; counseling and/or mental health treatment; behavioral analysis; medical services from a doctor or nurse practitioner within the setting? | NO | 1. Offer the person a choice of services, location and from whom. Often their Medicaid or other medical insurance will dictate these choices. Talk to family/guardians about what choices the person has within their service area. 2. Accommodate schedules and transportation as needed and reasonable. 3. Approval of in-house services must be chosen by the person. First choice is to receive these services out in a community setting to make connections and offer learning opportunities within these settings. | | | | |
| 21a. Does the setting use restrictive measures with people receiving HCBS? | NO | 1. Use of restrictive measures must be approved by appropriate authorities. 2. Report emergency use of restraints. 3. Train staff on proper techniques and how to correctly document incidents to assist with future needs/plans. 4. Consistently perform the required steps in a behavioral plan prior to using the restrictive measure approved. | | | | |
| 21b. Does the setting's policy mirror DDD Behavioral Services Procedural Guidelines for people receiving HCBS? | NO | 1. Consult with Behavioral Specialists (professional) that can assist the team to develop a plan with positive interventions. 2. Ensure staff training to follow the recommendations and guidelines. 3. Ensure consistency with staff following the guidelines and review regularly. | | | | |
| 22a. Does the setting ensure that one person's behavior supports do not impede the rights of other people? | NO | 1. Review every person's plan to ensure that rights of others are taken into consideration. 2. Create an environment where all people are supported in a positive way and where preventative measures are consistently in place to reduce the need for interventions. 3. When providing behavioral supports, avoid involving others in the setting and provide the minimum amount of intervention as is needed and as unobtrusive as possible to avoid impeding the rights of others. | | | | |

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| 23a. Do the setting's practices, procedures, and policies ensure that each person receiving HCBS who has behavioral support needs, has a unique plan and individualized supports to address these behavioral needs and not a plan and supports that is the same as everyone else in the setting who has behavioral support needs? | NO | 1. Review current setting practices. Establish procedures, and policies to match state and HCBS regulations and update as necessary to be compliant. 2. Develop a behavioral support plan that is inclusive of others knowledgeable about person and that is unique to that individual's own needs. 3. Develop a crisis response plan to respond to a person who may be a danger to others and/or themselves so all staff are fully aware and trained on what needs to be done to ensure safety for everyone in the setting. | | | | |
| 24a. Does the setting assure the staff communicates with the person receiving HCBS in a manner that reflects the way the person would like to be addressed while providing assistance and during the regular course of daily activities? | NO | 1. Use language the person can understand. 2. Use their preferred name. 3. Use alternate communication strategies, specifically if the person is using AAC devices 4. Ensure comfort level of person when communicating including eye contact, tone of voice, and volume of voice. 5. Use people first language whenever talking with and about people receiving HCBS. | | | | |
| 25a. Does the setting have practices, procedures, and policies to ensure all information about people receiving HCBS is kept private and confidential? | NO | 1. Provide training on confidentiality and HIPAA upon hire and annually. 2. Maintain confidentiality when training another staff person in the setting or out in the community by not sharing personal information where others can hear. 3. Lock file cabinets and do not display confidential information on walls or boards such as a person's medications, behavioral plans, medical appointments, etc. 4. Secure computer systems. | | | | |

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| 26a. Does the setting have policy and training to assure that staff does not talk about the person receiving HCBS in the presence of other persons (staff or anyone else) who does not have a “need to know” and that staff does not talk about the individual, in the presence of the individual, as if he or she were not present? | NO (do not assure “need to know” is met) NO (don’t assure don’t talk about individual as if s/he not present) | 1. Provide training on confidentiality and HIPAA upon hire and annually. 2. Maintain confidentiality when training another staff person in the setting or out in the community by not sharing personal information where others can hear. 3. Respect the presence of the person and allow them to speak for themselves. 4. Encourage advocates to respect the person and not doing the speaking for them. 5. Post reminders that prompt correct adherence to the confidentiality rules. | | | | |
| 27a. Does the setting support people receiving HCBS who need assistance with their personal appearance (e.g., teeth brushing, personal care, toileting, eating) to receive such supports in a way that ensures their privacy? | NO | 1. Respect privacy by scheduling personal care needs on an individual basis verses as a group. 2. Provide a discrete room or area to teach personal hygiene skills. 3. Train staff to protect privacy and provide personal care needs in a respectful manner. This includes closing shower curtains or bathroom doors when assisting with bathing or use of toilet. 4. Provide choices when assisting with eating, check for temperature of food and drink, maintain contact with the person vs. talking to others in the lunchroom between bites, use face clock locations of food on their plate for people with visual impairments, provide adaptive equipment/tools to support independence and give instructions quietly to protect privacy. | | | | |
| 28a. Does the setting have practices and policies to ensure dignity is afforded to people receiving HCBS in an age-appropriate manner while dining? | NO | 1. Provide supports that ensure dignity and engage in age appropriate interactions for meals. Consider desired pace, sequence of food items, and refusal of food items that is respectful of that person’s choices. 2. Respect person’s choice of being with others or eating alone. 3. Look at the lunch area to ensure age appropriate décor. | | | | |

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| 28b. Does the setting afford people receiving HCBS full access to dining areas with comfortable seating and opportunity to converse with others during break or meal times? | NO | 1. Ensure the person's ability to move around at break times and meal times. 2. Provide different layouts (arrangements) of furniture to allow conversation when desired. 3. Adjust schedules to accommodate groups that request to be together. | | | | |
| 29a. Does the setting provide for an alternative meal if requested by the person receiving HCBS? | NO | 1. When appropriate for the setting, offer choices of food with consideration to health, allergies, and ethnic or religious needs. 2. Discuss menu options prior to each meal so people may know in advance whether to bring their own meal. | | | | |
| 30a. Does the setting provide opportunities for private dining if requested by the person receiving HCBS? | NO | 1. Determine the reason for this request and review options that may be acceptable. 2. Discuss using a screen or some sort of barrier to obstruct view of others eating in the setting. 3. Consider a different dining schedule for the person. | | | | |
| 31a. Does the setting allow for people receiving HCBS to have a meal or snack at the time and place of their choosing? | NO (limited for all or for some who do not have modification justified and documented in the person-center plan) | 1. Discuss concerns with Case Manager, parent, guardian to determine if modifications would be justified. 2. Exhaust other options prior to limiting access to food and document options explored and tried. 3. Determine if there are medical ramifications involved with access or no access. 4. Determine the setting's ability to allow breaks at their choosing if there are expectations of specific work hours and pre-determined breaks. | | | | |

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| 32a. Does the setting policy ensure the informed choice and autonomy of the person receiving HCBS? | NO | 1. Develop policies to ensure informed choice for each person. 2. Ensure individuals understand all options, methods to overcome barriers and potential risks and benefits of their decisions. 3. Include family, guardian and significant others as appropriate in the decision-making process. 4. Respect and honor decisions made by the individual. 5. Individual should be comfortable to openly express their wishes and that they have been fully informed of their choices. | | | | |
| 32b. Does the setting provide training and support to people receiving HCBS about informed decision-making and autonomy? | NO | 1. Create training for staff on the individual's capacity to decide for themselves and their options for their daily living and employment. 2. Seek resources already available in other states that offer training and manuals on person-centered planning. An example is the Person Centered-Informed Choice Toolkit from Minnesota Department of Human Services. 3. Staff receive training on Power and Control to understand how their actions impact people's informed decision-making and autonomy. 4. Finds ways within your organization to foster a culture of supporting informed choice and autonomy. 5. Cultivate the work culture to advance self-determination and self-advocacy for people receiving HCBS. | | | | |

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| 32c. Does the setting post and provide information on individual rights for people receiving HCBS? | NO | 1. Post Individual Rights in an easy-to-read format in common areas within the setting. 2. Incorporate discussions around individual rights and ways to foster self-determination periodically and share FAQs with others in the setting. 3. Inform family, guardians and others of established policies around individual rights and how the setting incorporates these rights in their services 4. Encourage family, guardians and others to ask questions regarding individual rights. | | | | |
| 33a. Does the setting offer a variety of options about where people can participate in activities both in the setting and in the broader community? | NO | 1. Encourage individuals to share activities that are of interest to them. 2. Provide opportunities for people to share their experiences and activities both in the setting and the community through a newsletter, picture board, brown bag lunch gatherings, slide shows, or sharing time. 3. Create a pictorial list of choices of classes and activities both in the setting and in the broader community to offer a variety of options the people can choose from. 4. Use other resources such as the local newspaper, staff, and family to contribute additional suggestions 5. Explore uses of the Workplace Personal Assistant, who is a direct care worker that focuses on the personal care and support services that follow job coaching for employees with disabilities that will require long term supports to maintain their employment over time. Information about this type of position can be found at the Wisconsin Dept. of Health Services website. | | | | |

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| 34a. Are people who receive HCBS supported to make meaningful and informed choices about the activities they will participate in while receiving supports from the setting? | NO | 1. Align activities with personal goals, interests and needs. 2. Offer informed choices through first-hand experience, exposure to new situations, education about options from others in the setting, video, or on-line resources, conduct formal interviews and informal discussions with others who have been part of various activities and encourage informed decision-making. 3. Incorporate Motivational Interviewing (MI), a well-established, evidence-based practice for promoting positive behavioral change. It is a collaborative conversation style strengthening a person's own motivation and commitment to change. This method of counseling has proven effective using open-ended questions, reflective listening, affirmations, building self-efficacy, and assessing readiness to change. 4. Gather input from family, guardian or others. | | | | |

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| 34b. Does the setting offer options for people receiving HCBS to receive services in community-based integrated settings in addition to the current setting? | NO (not at least weekly) | 1. Track community connections with the greater community by documenting the person's visits to other settings. 2. Maintain staff's knowledge and awareness of other opportunities in the area to best fit specific needs of the person. 3. Develop a supported employment program to support competitive integrated employment opportunities for all people receiving HCBS. 4. Learn about the implementation of the Workforce Innovation & Opportunity Act and its impact on the setting, vocational rehabilitation funding and collaboration with schools 5. Collaborate with the area school districts to work together in developing employment and non-work opportunities for both student and adults. 6. Study the Office of Disability Employment Policy and other research and resources that support full inclusion for people receiving HCBS. | | | | |

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| 35a. Does the setting afford people who receive HCBS the opportunity for tasks and activities matched to their age, skills, abilities, desires, and goals? | NO | 1. Match opportunities to explore new options/skills through using the Discovery process and having open discussions with family members, guardians and people who know that individual. Always find ways to include the person in these discussions to glean their interests and what they would consider their future goals. 2. Utilize comparable strength-based or functional skills assessment tools for age, skills and abilities to develop a list of tasks and activities that best match that person. 3. Ensure the most age appropriate communication approaches are used such as adult to adult vs. parent to child level conversations 4. Train staff on use of effective listening skills to learn more about the person's desires and goals especially for those who may have challenges in verbal communication. 5. Offer soft skills training or pre-employment transition services to support the needed skills and abilities needed for employment. | | | | |

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| 35b. Does the setting provide people receiving HCBS with tasks and activities inside the setting that are comparable to tasks and activities for others of similar ages who do not receive? | NO | 1. Utilize comparable strength-based or functional skills assessment tools for age, skills and abilities to develop a list of tasks and activities that best match that person. 2. Mirror activities found at community centers and other public settings that match the person's age. 3. Determine tasks and activities the person enjoys at home or with family to expand on those opportunities within the setting. 4. Provide tasks and activities within the setting that teach the skills needed in the community or at home such as social skills, hygiene, computer skills, food service/cooking, housekeeping/cleaning, laundry/sorting, creative arts, healthy lifestyle (exercise, food pyramid, chronic illness management), mindfulness (yoga, breathing, meditation), mobility training, and safety skills in the home and community. | | | | |
| 35c. Does the setting provide people receiving HCBS with tasks and activities outside the setting that are comparable to tasks and activities for others of similar ages who do not receive HCBS? | NO | 1. Use local newspaper, bulletins, online resources, neighborhood sites, blogs, etc., to locate age appropriate activities in the community. Talk to others to learn about opportunities for inclusive activities (classes, volunteerism, health clubs, etc.) 2. Provide opportunities to access online devices and demonstrate how to find activities of interest in the community. 3. Arrange for people to share their experiences from outside of the setting with others in the setting to increase awareness of what is available in their communities. Find opportunities for a mentor or buddy to pair individuals with and without disabilities through their interests. | | | | |

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| 36a. Does the setting offer people receiving HCBS choices about who they participate when engaging in outside activities? | NO (who to participate with) NO (ability to do activity individually rather than in group) | 1. Allow for choice to participate in outside activities individually rather than in a group. Find a mentor or buddy of their choice to offer more individualized experiences. 2. Acknowledge people's choice of whom they want to engage with during outside activities. 3. Develop signup sheets in common areas for various activities allowing people to see who is participating and determine if they are people they want to go with. 4. Hold informal discussions on specific topics or interest areas with small groups to facilitate matching people with common interests and offering the choice of who to engage with in outside activities. | | | | |
| 37a. Does the setting allow people receiving HCBS to choose whom they spend time with, including who they sit by at lunch, break, or free time, to the same extent as people not receiving HCBS? | NO | 1. All rooms in the setting such as lunch, break or meeting rooms should not have assigned seating. 2. Whenever possible, the person should be able to choose where they sit and with whom if mutually agreed upon. 3. Allow people to choose when they take lunch, break or free time to accommodate being with other people of their choose. This is when there are no already existing work schedules the same as jobs outside the setting. | | | | |
| 37b. Does the setting impose limits on whom people receiving HCBS can talk to and spend time with while in the setting? | NO | 1. Maintain flexible schedules to acknowledge different preferences for socializing in the setting. 2. Structure schedules as needed for a specific workflow purposes, but beyond that, the setting must have clear guidelines as part of their staff training, that people can talk to and spend time with people of their choosing when mutually agreed up by those parties. 3. Discuss expectations with people so they fully understand the boundaries of the activities that is fair and reasonable. | | | | |

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| 38a. Does the setting allow people receiving HCBS to choose which of the setting's employees provide his or her services? | NO | 1. Create a process where people receiving HCBS can make requests for certain staff providing their service when it is reasonable and does not negatively impact the services provided others. 2. Document all requests made and reason for the request. 3. Record all decisions and justifications with final results and share with family, guardians and others 4. Review process of scheduling staff to offer the best outcomes for the most people receiving HCBS (ratios, personalities, skills, experience, etc.) | | | | |
| 39a. Does the setting post or provide information to people receiving HCBS, including their families or guardians, about how to make a request for additional services or accommodations, or make changes to any aspect of the services they are receiving through the setting? | NO | 1. Place resources outlining how to make a request for additional services, accommodations or to make changes to services in a common area of the setting that includes contact information for potential questions or clarifications. 2. Give the same resources (as above) at time of intake with a copy to be sent or given to appropriate persons. 3. Discuss plan to meet at minimum of every 6 months to review services but requests for changes can be made at anytime 4. Include Case Managers at all meetings to ensure needs are being met. | | | | |

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|--|---|---|---|--|---|---|
| 40a. Does the setting allow prospective participants the opportunity to visit the setting? | NO | <p>1. At the initial intake meeting, and at all future meetings, offer the opportunity to visit the setting and lay out the parameters/requirements for notification. This may not apply to outside the setting activities given private businesses would not typically have visitors for their employees unless arranged through that business.</p> <p>2. Obtain initial consent to allow visitors to observe the setting at intake meeting. The open invitation is meant to show full disclosure of what is occurring inside the setting.</p> <p>3. Inform staff and individuals of scheduled intakes and observations prior to their presence.</p> <p>4. Request that visits are scheduled in advance with identification of the visitor so others in the setting will know who this person is and their purpose. Maintain privacy and confidentiality with others in the setting while the visit is taking place.</p> | | | | |

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|--|--|--|--|---|--|--|
| 41a. Do the person-centered plans for the individuals receiving services in this setting document the choice(s) of a non-disability specific setting that was offered to the person and further document that the person was aware of the opportunity to choose a non-disability specific setting, but chose this disability-specific setting? | NO (nothing required is documented in PCP) | 1. Collaborate with other providers to ensure the information is included in the person-centered plan and retain a copy. 2. Develop an intake strategy to include family, guardians and significant others to be included in discussions regarding alternative options. 3. Copies of intake materials can include options available and can be reviewed and signed by appropriate individuals. 4. Staff are provided resources within their area to be aware of the options available of local existing non-disability specific settings in order to discuss alternative options. 5. Use tools such as MAPS (Making Action Plans), a person-centered planning process that asks eight guiding questions from which a team works together to assist individuals with defining their dream and building a plan to achieve their dream or "Planning Alternative Tomorrows with Hope" (PATH) that begins by looking at the desired outcome, also known as the "North Star." The process focuses on ideals, values, passions, and dreams. It looks at the "positive" and engages the support of others. | | | | |
| Section D. Additional Comments | | | | | | |
| (Optional) Use this section to describe any additional information regarding your transition plan that is relevant to the reviewer (i.e. stakeholder involvement in the transition plan, expected challenges to implementing the transition plan etc.) | | | | | | |